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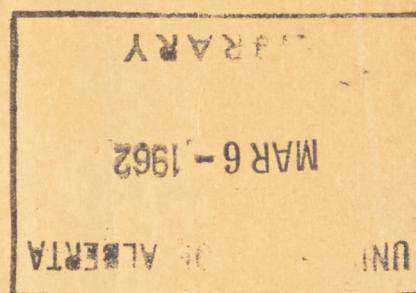
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1955

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*Second
Annual*



Progress Report



Period:

*January 1st, 1955 -
December 31st, 1955*

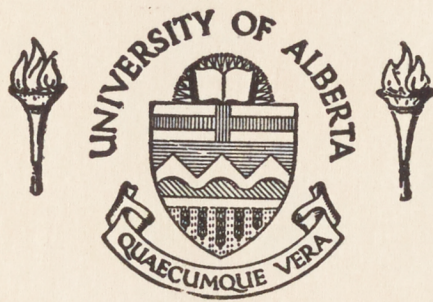
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5303
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The Alcoholism Foundation of Alberta

9910 - 103rd Street
EDMONTON, ALBERTA

737 - 13th Avenue, W.
CALGARY, ALBERTA

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ALBERTAENSIS



SECOND
ANNUAL PROGRESS REPORT

Period

Jan. 1st, 1955 - Dec. 31st, 1955

HV
5303
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2nd
1955

PREVENTION

Through

EDUCATION - TREATMENT AND REHABILITATION - RESEARCH

THE ALCOHOLISM FOUNDATION
OF
ALBERTA

9910 - 103rd Street
Edmonton, Alberta

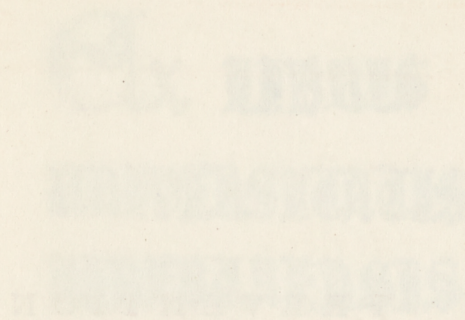
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SECOND

ANNUAL PROGRESS REPORT

1957

Jan. 1st 1955 - Dec. 31st 1957



EDUCATION - TREATMENT AND REHABILITATION - RESEARCH

THE ALCOHOLISM FOUNDATION
OF
ALBERTA

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Calgary, Alberta

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Edmonton, Alberta

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THE FOUNDATION'S APPROACH TO ALCOHOLISM

The approach of the Foundation to the problems of alcoholism in Alberta is based on the following concepts:

1. The Foundation recognizes alcoholism as a treatable illness and public health problem of first magnitude, and therefore, a public responsibility.
2. The Foundation regards the alcoholic as a sick person who can be helped and who is well worth helping.
3. The Foundation's approach is scientific and non-controversial. It takes neither the side of the "wets" nor the "drys".
4. The Foundation is concerned with problem drinking and primarily with the illness, alcoholism.
5. The Foundation deals with the problems of alcohol only as they are related to problem drinking and to alcoholism.
6. The Foundation's long-range goal is the prevention of problem drinking and alcoholism through its four-point program
- - Education, Treatment, Rehabilitation, and Research.

ARTICLES OF INCORPORATION

For the benefit of those who are not familiar with the functions of the Foundation, the Articles of Incorporation under the Societies Act are here quoted:


1. The name of the Society is The Alcoholism Foundation of Alberta.
2. The objects of the Society are:
 - (a) To conduct a programme of research in alcoholism, defined as any diseased condition produced by the action of alcohol on the human system.
 - (b) To make necessary surveys such as ascertaining the number of persons convicted and sentenced to payment of fines or to imprisonment to Gaol for offences under the Liquor Control Act, or the Criminal Code of Canada in which intoxication or drunkenness was charged and a background including previous convictions of such persons, and also a survey of selected areas in Alberta in order to determine the extent of the problem of alcoholism in the province.
 - (c) To establish and operate a hospital or hospitals for experimentation in methods of treating alcoholics and / or to make necessary arrangements with existing hospitals for this purpose and for the setting up of out-patient clinics.
 - (d) To take such steps as may be considered advisable to educate the public and particularly younger persons as to the consequences and means of prevention of alcoholism.
 - (e) To acquire lands by purchase, rental, or otherwise, and erect and otherwise provide a building or buildings for the use of the Society.
 - (f) To provide all necessary equipment and furniture, libraries, and reading rooms for carrying on its objects.
 - (g) To sell, manage, lease, mortgage, dispose of, or otherwise deal with the property of the Society.
3. The operations of the Society are to be carried on in the City of Edmonton and elsewhere in the Province of Alberta.

Dr. J. Donovan Ross, President,
The Board of Directors, and
Members of
The Alcoholism Foundation of Alberta.

The Alcoholism Foundation of Alberta is pleased to
submit its Second Annual Progress Report for the period
January 1st, 1955 to December 31st, 1955.

The financial report covering the fiscal year April 1st,
1955 to March 31st, 1956 will be released separately.

Respectfully,



J. George Strachan,
Executive Director,
The Alcoholism Foundation of Alberta.

May 2nd, 1956.

PRESIDENT'S MESSAGE

"When an idea becomes reality, that is progress - and it is progress I have to report." Some weeks ago I read this quotation in the introduction to an annual corporation report, and I felt that it expressed the keynote of the Second Annual Progress Report of The Alcoholism Foundation of Alberta.

During this past year there has been a continuing demand on our services -- a demand which we have been hard-pressed to meet. An integrated, trained staff in this field is not easy to acquire.

I am happy to report that our Calgary Centre is progressing favorably and that we are now developing its facilities with a view to expanding our program in the Calgary area.

In my opinion, our progress is due to the support and loyalty of the staff, Executive, Board, and associated committees of the Foundation. It is due also, in no small measure, to the citizens of Alberta who have co-operated with us in the development of our program.

I wish to assure all those who support the Foundation that the Board of Directors will continue to devote their efforts to maintaining and extending the program of education, treatment, rehabilitation, and research throughout Alberta so that our citizens will be enabled to find the answers to problems which in the past seemed insurmountable.

J. Donovan Ross, M.D., M.L.A.,
President,
The Alcoholism Foundation of Alberta.

EXECUTIVE DIRECTOR'S REPORT

J. George Strachan

The detailed information contained in the following departmental reports provides tangible evidence that the Foundation has emerged from its organizational stage of development. It is apparent that the Foundation is becoming strongly established both as a clinic and as a social force within the Alberta community. Our program is gaining national and international acceptance and recognition. This public support is most gratifying and serves as a stimulus to broaden our program.

I shall deal briefly with a number of the more important administrative activities of the Foundation during the year under review.

The initial organization of the Calgary Centre entailed selecting of personnel, orienting and in-training of staff, providing furnishings and equipment, and the setting up of statistical records. To acquaint the Calgary community with the services of the Centre, Open House Meetings were held for members of other agencies and Alcoholics Anonymous.

Convinced that an effective job of prevention can be done through industrial programing, the Foundation inaugurated a series of Financial Meetings early in January under the joint chairmanship of Mr. C.W. Ross and Mr. S. A. Keys in Edmonton, and Mr. M.M. Newell and Mr. J.B. Cross in Calgary.

Special invitations were extended to selected key business and industrial personnel. After a tour of the building the Director discussed the incidence of problem drinking in business and industry in Alberta. At the conclusion of the meeting, sustaining memberships were solicited in support of the Foundation's total programing.

In May, 1955 the Canadian Program Directors met in Regina and agreed to form the Canadian Council on Alcoholism. The major function of this Council is to provide a medium for the exchange of information, the co-ordination of research, and mutual assistance in developing programs. Mr. H. David Archibald of the Ontario Research Foundation is Chairman, and Mr. J. George Strachan of The Alcoholism Foundation of Alberta is Secretary.

It becomes increasingly apparent that the success of our program is dependent upon the services of a trained staff. For that reason the Foundation sponsored the attendance of three staff members at the Yale Summer School.

Mrs. Marjorie Heath resigned August 31st, 1955 to further her education at the University of London, England. Mrs. Heath laid the groundwork for the Foundation's Educational Program by planning and organizing the technical reference library, cataloguing basic literature, and assisting in the writing

of the Foundation's initial publications. The Foundation is grateful for her contribution to the early development of its program. The Department of Educational Services is now under the direction of Miss Grace Brunton.

The death of Mr. Art Herrel, of the Calgary Centre, in February was a severe loss to the Foundation. Mr. Herrel had made a valuable contribution to the early development of the Calgary Centre through his close association with members of Alcoholics Anonymous. The Foundation is appreciative of his loyalty and service.

A review of the information contained in this Second Annual Progress Report leads me to conclude that the Foundation is succeeding in its purposes: to acquaint the people of Alberta with the magnitude of alcoholism and its nature as an illness which can be arrested; to provide clinics to which victims of the illness may come for understanding treatment; to participate in research concerning the nature of the illness and methods of its arrest; and to furnish leadership to the community in all matters having to do with problem drinking. We continue to demonstrate that the problem drinker - given understanding, time, and interest - can learn to live without drinking.

Now that the Foundation has advanced beyond its period of organization, we will be able to focus our attention on the development of the following phases of our program: expanding and consolidating our activities in the Calgary area; initiating a program for selected key business and industrial personnel; expanding our educational services with special emphasis on community activities, radio programing, and the publication of a quarterly digest on alcoholism; and inaugurating research activities as staff and budget permit.

On behalf of the President and the Board of Directors, I am privileged to express our appreciation to all those who during 1955 have contributed their financial support, time, energy, and interest to the development of the Foundation's program. It is also my pleasure to express my feeling of pride in the co-operation and loyalty of the Foundation staff.

REPORT ON EDUCATIONAL SERVICES

Reviewed by
Grace Brunton, B.Ed.
Director of Educational Services

The Foundation's four-point program of Education, Treatment, Rehabilitation, and Research has as its ultimate goal the prevention of alcoholism in Alberta. It is true that the Foundation is immediately concerned with treatment and rehabilitation of the alcoholic. But it must be remembered that this and the broader phases of the Foundation's program are directed toward prevention.

Prevention can be divided into two categories: primary prevention, which implies complete avoidance of the illness; and secondary prevention, which means early arresting of the course of the illness. The Foundation is organized to promote both primary and secondary prevention.

The importance of the Foundation's role in community education cannot be stressed too often. Education is the cornerstone of any effective program of rehabilitation and prevention of alcoholism. Education prevents an individual from becoming an alcoholic through mere ignorance; helps the alcoholic to arrest the illness in its early stages; brings, even in the advanced stages, the hope that recovery is possible; and creates a climate in which recovery can be attained. The Foundation recognizes its responsibility to bring to the community a new understanding of problem drinking. Only early recognition of problem drinking will prevent chronic alcoholism with all its complications.

The fact that the chance of one or more children in a family becoming an alcoholic exceeds the combined chance of their developing tuberculosis or poliomyelitis points to the need for education about alcohol in the home, the school, the church, the community, and in business and industry. This type of education is the major function of the Foundation's Educational Services Department.

The major educational activities during the year under review were the publication of our Conference Proceedings and our First Annual Progress Report, as well as the administration of our Second Conference on Alcohol Studies. These are reviewed in detail.

Proceedings of the First Annual Alberta Conference on Alcohol Studies

Our major activity was the editing and publication of the Proceedings of the First Annual Alberta Conference on Alcohol Studies held in Edmonton, August 30th to September 2nd, 1954.

The Proceedings have been well received by other Canadian and American programs. The Director of the Yale University Summer School of Alcohol Studies recommended the Proceedings as a source book for students attending the 1955 session. It would thus appear that the Proceedings has become a recognized handbook on the problems of alcohol and alcoholism.

First Annual Progress Report

Our First Annual Progress Report was designed for the following purposes:

To acquaint the Alberta community with the origin and development of the Foundation.

To analyze the purposes of the Foundation's four-point program -- Education, Treatment, Rehabilitation, and Research.

To define the nature of alcoholism and to identify the alcoholic.

To acquaint the Alberta community with the nature of the Foundation's approach to problem drinking and alcoholism.

To indicate that the Society of Alcoholics Anonymous and the Foundation are entirely separate and distinct activities.

To pay fitting tribute to the men and women, the early pioneers of this field in Alberta, who conceived the idea of a Foundation and made it a reality.

Requests to reprint portions of the Proceedings and the Annual Report were granted to the British Empire Committee, the New Zealand Committee, and the Australia Committee. In each instance, by-lines giving credit to the Foundation were released.

Second Alberta Conference on Alcohol Studies

The Second Alberta Conference on Alcohol Studies was held in Edmonton, August 21st to August 26th, 1955 under the joint sponsorship of the Foundation and the Department of Extension, University of Alberta. This Conference was geared to the specific needs of clergy and educators.

Two of our guest lecturers, Rev. John C. Ford, S.J., Professor of Moral Theology, Weston College, Massachusetts, and Rev. Forrest L. Richeson, D.D., Minister, First Christian Church, Minneapolis, Minnesota, made a major contribution to the Foundation's program of community education by the objective manner in which they dealt with misconceptions about alcohol and alcoholism.

Instruction about alcohol in schools was dealt with by Mr. Raymond G. McCarthy, A.M., Ed.M., Associate Professor, Health Education, Yale University. He was ably assisted by two Alberta educators, Mr. Morrison Watts, B.A., Director of Curriculum, Department of Education, Province of Alberta, and Arnold E. Henderson, M.A., Principal, Westglen High School, Edmonton. These lecturers also acted as resource persons in the educational seminar. The seminar paid tribute to the educational work being done by the Foundation and recommended that further teacher institutes would be timely.

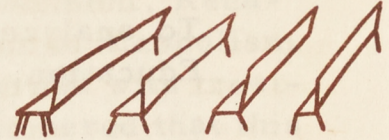
Resume' of Major Educational Services During 1955 by Edmonton and Calgary Centres

PUBLIC TALKS

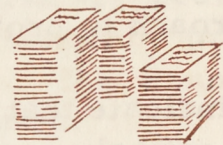
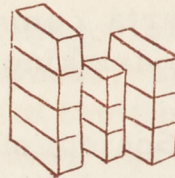


TALKS **76**

ATTENDANCE **5818**



Literature Distributed

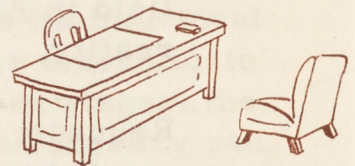


53,937
PIECES

Telephone calls, letters and Interviews concerning Educational Services.



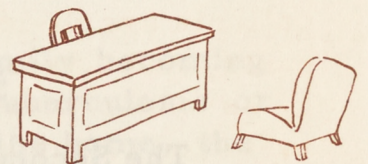
1527



Telephone calls, letters and interviews concerning Educational Conference Activities.



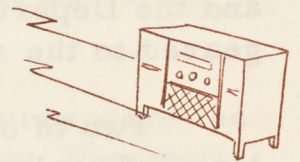
2394



Educational Radio Programmes Sponsored by the Foundation



56

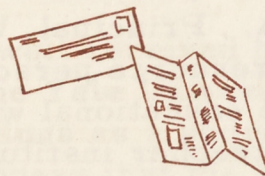


Special News Releases



61

Special Notices Bulletins and Circulars.



19,941



REPORT ON TREATMENT SERVICES

Reviewed by
Allon W. Fraser, M.A.
Director of Treatment

The calendar year has been a period of development and assessment within the Treatment Department. To establish more effective and accurate methods of recording and evaluating the results of treatment procedures, a detailed study and subsequent revision of the system of recording, classifying and filing patients' treatment status, data, and progress trends was begun in the latter part of October 1955.

The institution of the revised system, which required the reviewing and the reclassifying of the files of 1782 patients, was a painstaking and time-consuming project. It was not completed by the end of the calendar year.

Based on the extent of participation in and response to treatment, a clear definition of patient status was established. Previously all patients who applied to the Foundation for treatment, whether they were seen only once or numerous times, were considered as "cases", and were rated on the basis of response to treatment and progress toward recovery. Consequently those calculations designed to evaluate the effectiveness of the treatment program included large numbers of cases who had been seen only once or twice.

Based on the nature and extent of contact, under the revised system patients are divided into three clearly defined categories: Enquiries, Applicants, and Cases. Only those who are assigned "Case" status are considered to be under treatment, and the effectiveness of the treatment program is assessed on the basis of the progress shown by this group of patients. Criteria for "Case" status are such that they guard carefully against the possibility of deliberate selection of only the "good prognosis" patients for Case status.

A detailed account of this revision is available as an Appendix to this Second Annual Progress Report.

Group Therapy

During 1954 and the early part of 1955, the group therapy program consisted of a series of evening meetings during which various aspects of the illness, alcoholism and its treatment were discussed. This series, referred to as the Initial Group, consisted of from four to six meetings and ran continuously.

In the latter part of 1955, the group therapy program was extended by initiating a second series, the Intermediate Group. Only patients who had completed the initial series and had been recommended by their individual counsellors were admitted to the Intermediate Group. The membership of

this group was, by design, fewer in number and more stable in composition than the membership of the Initial Group. The meetings of the Intermediate Group were held at wider intervals and extended over a much longer period of time. To a far greater extent, the direction and weight of discussion was borne by the group, with the leader (staff member) serving, in the main, as a resource person.

For the purpose of future comparison and assessment of group composition, there has been variation in the Calgary Centre in the spacing of meetings, in the length of the series, in the participation of the non-alcoholic spouse, and in the role of the leader.

In Edmonton, a total of 118 meetings were held with an average attendance of 10; in Calgary, a total of 110 meetings were held with an average attendance of 6.

Welfare Policy

The welfare assistance policy and its relation to effective therapy was studied, reviewed, and considerably modified. Consequently patients are seldom granted emergency assistance on the basis of a single interview, and when welfare is granted, the issue is sufficient to carry the patient only until he can be interviewed again the following day. The development of more effective liaison with local and provincial welfare agencies will result in a more rapid service to needy patients.

Welfare assistance or monetary aid of any substantial amount is granted only occasionally and then only to patients who have co-operated in the treatment program for a sufficient length of time to have demonstrated sincerity of purpose, and who, in addition, are ineligible for such help from other agencies.

During the year under review, welfare was extended to 222 patients. The following is a summary of welfare expenditures:

Amount expended for meals	\$ 758.96
Amount expended for beds	1,092.15
Amount expended (other)	<u>1,404.40</u>
Total amount expended in 1955	<u>\$3,255.51</u>

The total amount recovered in 1955 (which includes some welfare issued in 1954) was \$ 2,113.46.

Activities at the Belmont Rehabilitation Centre

During 1954 and the early part of 1955, at the request of the Provincial Government, the Foundation Treatment Department provided the part-time

services of three counsellors and a physician to conduct the treatment program at the Belmont Rehabilitation Centre. Post-release follow-up therapy of Belmont releasees was carried out by absorbing these patients into the general treatment program at the Foundation.

In March, 1955, the treatment schedule for the Rehabilitation Centre was reorganized and one full-time Foundation counsellor was assigned to conduct the group discussions and individual interviews at Belmont and to handle the greater portion of the post-release follow-up therapy. The Foundation continued to provide the services of the part-time physician.

In August, 1955, the Provincial Government opened the Belmont Hostel in Edmonton. The Hostel provides meals, lodging, and some therapeutic follow-up services for Belmont patients during their post-release readjustment period. Since the opening of the Belmont Hostel, there has been a progressive reduction in the number of Belmont patients applying to the Foundation. During the first and second quarters of 1955, over 55 Belmont patients came to the Foundation on release; in the third quarter 40 patients contacted the Foundation on release; and in the fourth quarter less than 5 did so.

Treatment Data

The approach and techniques of our treatment program are outlined in the First Annual Progress Report, 1953-54 (pages 27 to 30 inclusive).

The following tables and charts are a statistical review of treatment activities:

Table 1 and Table 2

Summarize the Total Patient Load, and Patients Treated in 1955. During the year under review there has been an increase in the patient load.

Chart 2

Summarizes the principal services extended to patients. Every effort is being made by the members of the Treatment Department to meet the total needs of each patient.

Table 3

Summarizes services rendered to collateral contacts who are classified as Enquiries. There are a total of 319 enquiry files.

Table 4

Summarizes Belmont Services.

Charts 3 and 4

Summarize detailed vital statistics (gathered as a part of treatment procedure) and provide pertinent data on all cases.

Chart 3 summarizes data pertaining to Sex, Age, and Race.

Chart 4 summarizes data pertaining to Marital Status and Religion.

Chart 5

Summarizes the residence status of patients.

Chart 6

Shows the Occupational classification of patients.

Table 5

Includes the following miscellaneous data pertaining to: Dependents, Veteran Status, Drinking History, and Employment Status.

Chart 7

Shows the source of referral. The matter of referral of patients to the Foundation is of interest and importance. Initially most referrals were in large part from A.A. and encompassed patients older in age and further along in the illness. As the program of the Foundation develops there is a noticeable change in the source of referral. As a direct result of our educational services more people are seeking treatment. There are an increasing number of referrals from medical, business, and industrial personnel. With the development of the Belmont program there has been a decrease in the number of penal referrals.

Table 6

Shows Recovery "Trends" of patients treated to December 31st, 1955.

Table 1

Total Patient Load

	Edmonton	Calgary	Belmont	Total
Total Activated Files to Dec. 31/54	613	48	139	800
Files Activated in 1955	<u>308</u>	<u>210</u>	<u>145*</u>	<u>663*</u>
Total Activated Files to Dec. 31/55	<u>921</u>	<u>258</u>	<u>284</u>	<u>1463</u>
Total Non-Activated (Enquiry) Files to Dec. 31/54	69	-	-	69
Non Activated Files opened in 1955	<u>88</u>	<u>120</u>	<u>42</u>	<u>250</u>
Total Non-Activated (Enquiry) Files to Dec. 31/55	<u>157</u>	<u>120</u>	<u>42</u>	<u>319</u>
TOTAL PATIENT LOAD				<u>1782</u>

Table 2

Patients Treated 1955

	Edmonton	Calgary	Belmont	Total
No. Active Patients carried from 1954	82	48	28	158
No. of New Patients	308	210	155*	673*
No. Re-opened	72	23	33	128
No. Closed	394	201	215	810
No. Active Patients carried into 1956	68	80	1	149

* These figures do not agree because of 10 patients, who although they were new patients at Belmont had prior to their admission to Belmont applied to the Foundation and were, therefore, already included in the figures of the Edmonton and Calgary Centres.

Treatment Services Extended to Patients (Applicants & Cases) at the Edmonton & Calgary Centres during 1955

INTAKE
INTERVIEWS

E 823
C 262

MEDICAL
INTERVIEWS

E 1096
C 1517

COUNSELLING
INTERVIEWS

E 2962
C 2022

WELFARE AND
VOCATIONAL
INTERVIEWS

E 517
C 328

PSYCHIATRIC AND
PSYCHOMETRIC
INTERVIEWS

E 210
C 26

GROUP THERAPY
SESSIONS

E 313
C 110

FOLLOW-UP
INTERVIEWS

E 632
C 801

STAFF CONSULTATIONS
RE PATIENTS

E 250
C 218

LETTERS
RE PATIENTS

E 2341
C 369

TELEPHONE CALLS
RE PATIENTS

E 4054
C 1672

Table 3

Enquiries re Possible Patients

	Edmonton	Calgary	Belmont	Total
Interviews	103	165	18	286
Telephone Calls	301	152	47	500
Letters	23	15	3	41

Table 4

Summary of Belmont Services

Total No. of Belmont patients treated at Foundation to December 31st, 1954	139
No. of medical examinations at Belmont (1955)	305
No. of group discussions at Belmont (1955)	195
No. of patients participating in group discussions (1955)	246
No. of individual interviews at Belmont (1955)	77
No. of Belmont patients who applied to the Foundation after release from Belmont (1955)	155
No. of post-release individual interviews with Belmont patients at the Foundation (1955)	856*
Total No. of Belmont patients treated at Foundation to December 31st, 1955	294

* Includes interviews with patients released from Belmont in 1954 who re-applied to the Foundation for further treatment.

Personal Data Concerning Patients (Applicants & Cases) from BELMONT: EDMONTON: CALGARY CENTRES during 1955

SEX



B	100 %
E	91.5 %
C	89.1 %



B	0
E	8.5 %
C	10.9 %

AGE

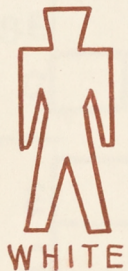


B	38.5 YEARS
E	39.9 YEARS
C	41.1 YEARS



B	0
E	38.4 YEARS
C	36.7 YEARS

RACE



WHITE

B	94 %
E	95 %
C	99.4 %

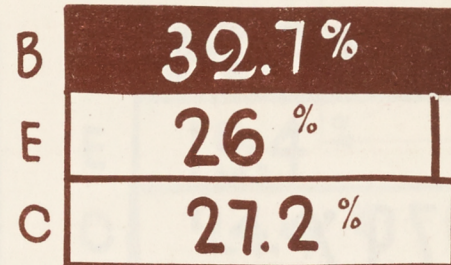
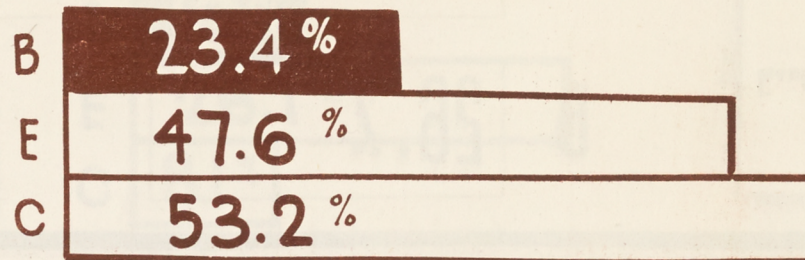
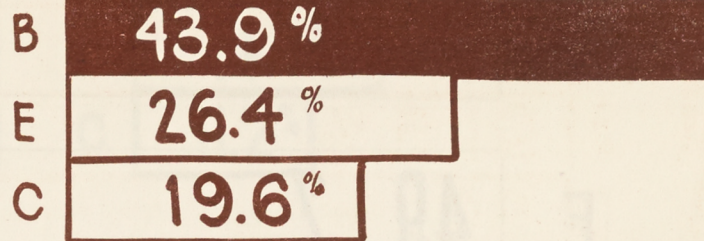


NON WHITE

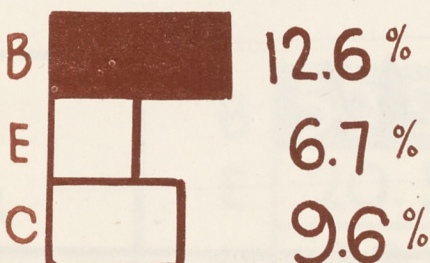
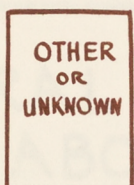
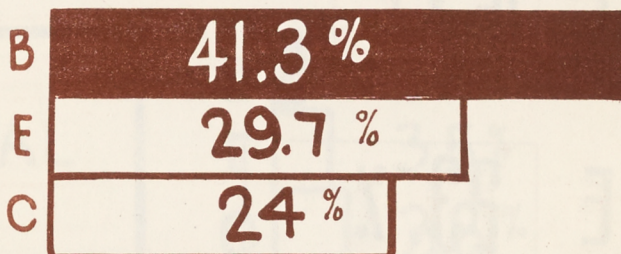
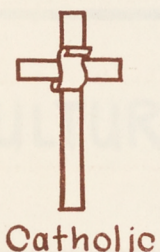
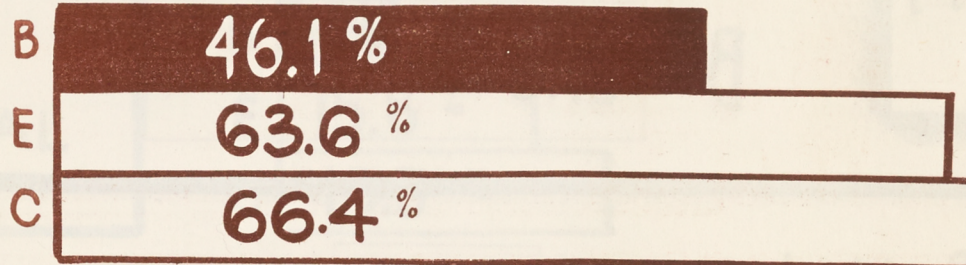
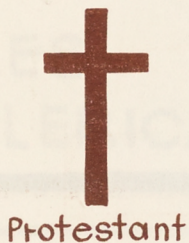
B	6 %
E	5 %
C	.6 %

Personal Data Concerning Patients ("Applicants" & "Cases") From "Belmont" - Edmonton and Calgary Centres During 1955

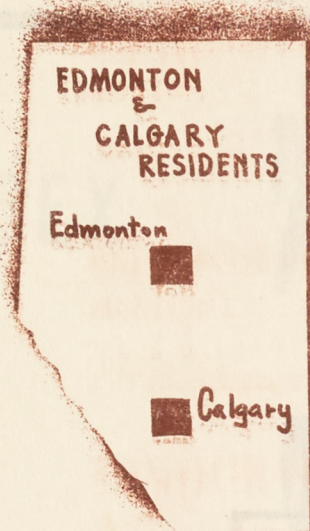
MARITAL STATUS



Religion



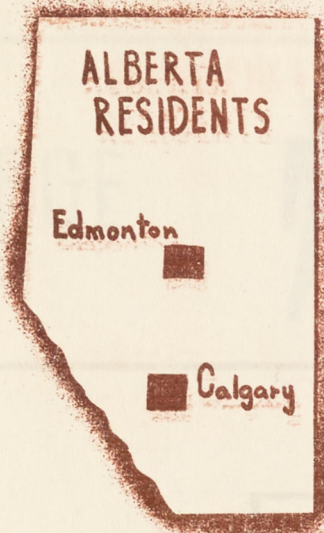
City (EDMONTON or CALGARY) Alberta or Non Alberta Residence of Foundation Patients (Applicants & Cases) during 1955



C 69.1%

E 49.1%

B 26.2%



C 14.2%

E 27.9%

B 37.6%

Non Alberta Residents & Transients

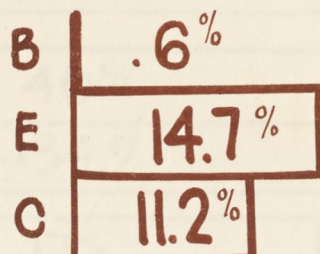
C 16.7%

E 23.2%

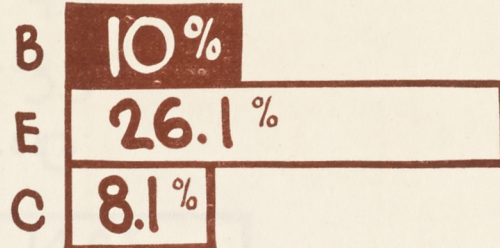
B 36.4%

Occupational Classification of Patients (Applicants & Cases) From "Belmont", Calgary & Edmonton Centres During 1955

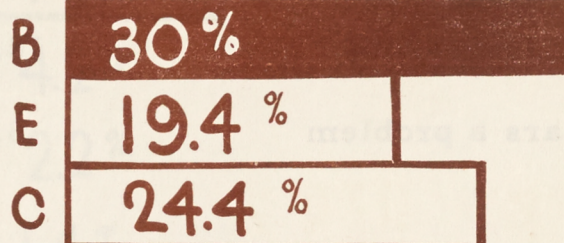
PROFESSIONAL
EXECUTIVE
MANAGEMENT



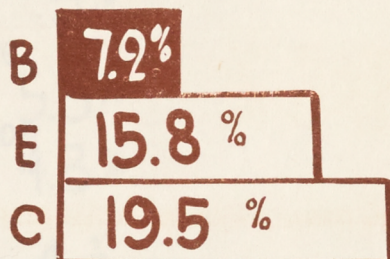
HIGH
SKILLED



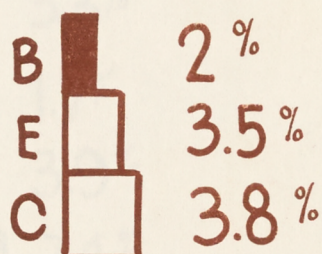
SEMI
SKILLED



SALES
CLERICAL



AGRICULTURAL



GENERAL
LABOR

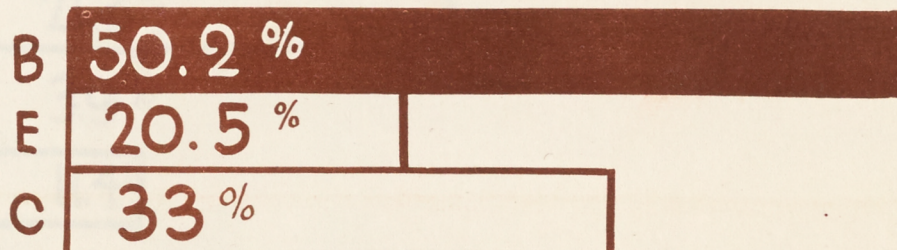


Table 5

Miscellaneous Data

Belmont Edmonton Calgary

DEPENDENTS

Average number

1.9

2.5

2.5

VETERAN STATUS

Veteran

62.0%

61.2%

55.5%

Non-veteran

38.0%

38.8%

44.5%

DRINKING HISTORY

Number of years drinking

18.5

18.5

22.2

Number of years a problem

8.6

7.0

15.4

EMPLOYMENT STATUS

Employed

9.3%

44.2%

44.0%

Unemployed

90.7%

55.8%

56.0%

Source of Referral for Patients ('Applicants' & "Cases") Contacting the Edmonton & Calgary Centres, 1955

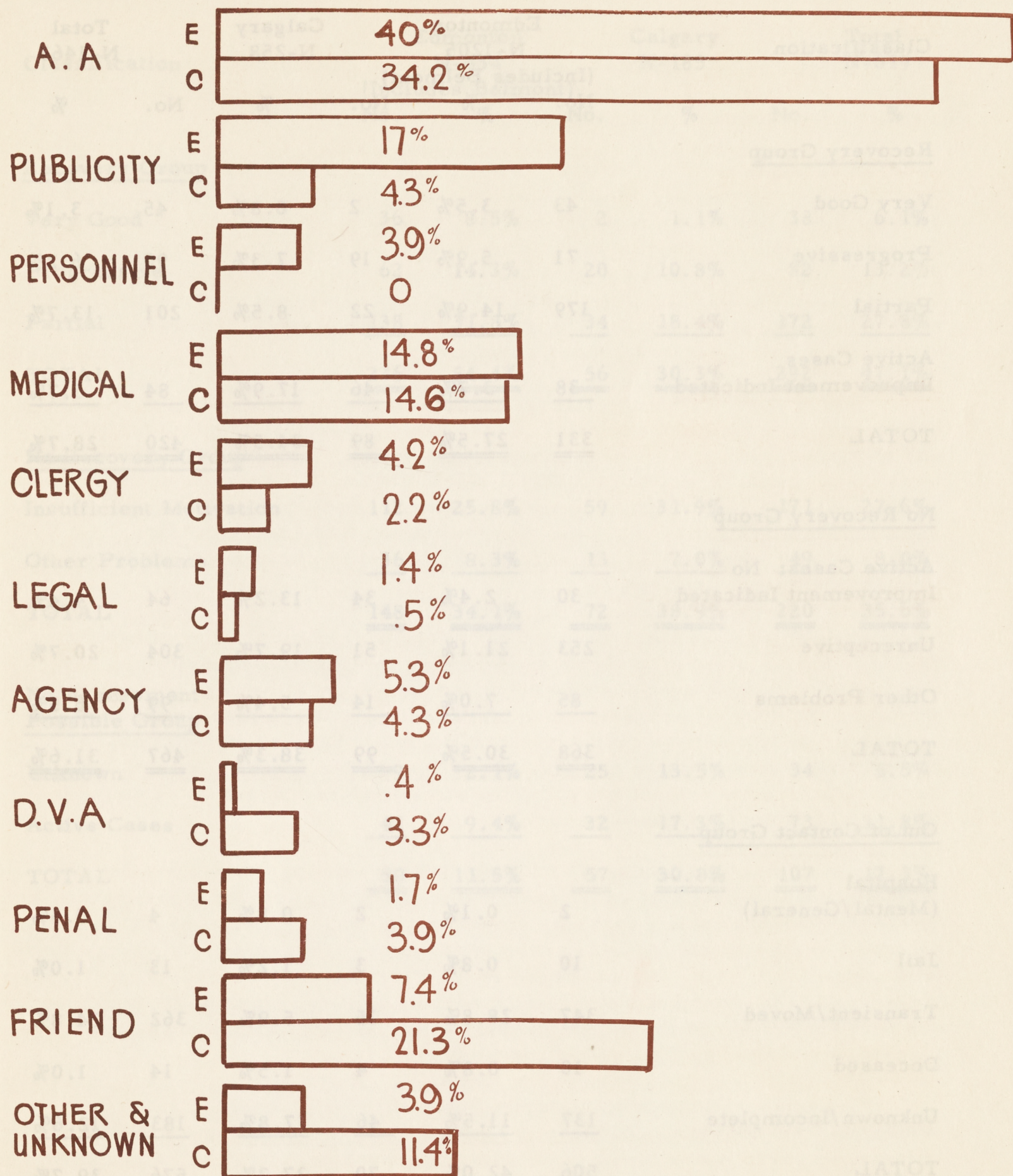


Table 6 Recovery "Trends" Of Patients Treated To December 31, 1955Original Classification System N-1463

Classification	Edmonton N-1205 (Includes Belmont)		Calgary N-258		Total N-1463	
	No.	%	No.	%	No.	%
<u>Recovery Group</u>						
Very Good	43	3.5%	2	0.8%	45	3.1%
Progressive	71	5.9%	19	7.3%	90	6.2%
Partial	179	14.9%	22	8.5%	201	13.7%
Active Cases Improvement Indicated	<u>38</u>	<u>3.7%</u>	<u>46</u>	<u>17.9%</u>	<u>84</u>	<u>5.7%</u>
TOTAL	<u>331</u>	<u>27.5%</u>	<u>89</u>	<u>34.5%</u>	<u>420</u>	<u>28.7%</u>
<u>No Recovery Group</u>						
Active Cases: No Improvement Indicated	30	2.4%	34	13.2%	64	4.4%
Unreceptive	253	21.1%	51	19.7%	304	20.7%
Other Problems	<u>85</u>	<u>7.0%</u>	<u>14</u>	<u>5.4%</u>	<u>99</u>	<u>6.5%</u>
TOTAL	<u>368</u>	<u>30.5%</u>	<u>99</u>	<u>38.3%</u>	<u>467</u>	<u>31.6%</u>
<u>Out of Contact Group</u>						
Hospital (Mental/General)	2	0.1%	2	0.8%	4	0.3%
Jail	10	0.8%	3	1.2%	13	1.0%
Transient/Moved	347	28.8%	15	5.9%	362	24.8%
Deceased	10	0.8%	4	1.5%	14	1.0%
Unknown/Incomplete	<u>137</u>	<u>11.5%</u>	<u>46</u>	<u>17.8%</u>	<u>183</u>	<u>12.6%</u>
TOTAL	<u>506</u>	<u>42.0%</u>	<u>70</u>	<u>27.2%</u>	<u>576</u>	<u>39.7%</u>

Table 6 a Recovery "Trends" Of Patients Treated To December 31, 1955Revised Classification System N-619

Classification	Edmonton N-434 (Includes Belmont)		Calgary N-185		Total N-619	
	No.	%	No.	%	No.	%
<u>Recovery Group</u>						
Very Good	36	8.5%	2	1.1%	38	6.1%
Progressive	62	14.3%	20	10.8%	82	13.2%
Partial	<u>138</u>	<u>31.8%</u>	<u>34</u>	<u>18.4%</u>	<u>172</u>	<u>27.8%</u>
TOTAL	<u>236</u>	<u>54.4%</u>	<u>56</u>	<u>30.3%</u>	<u>292</u>	<u>47.1%</u>
<u>No Recovery Group</u>						
Insufficient Motivation	112	25.8%	59	31.9%	171	27.6%
Other Problems	<u>36</u>	<u>8.3%</u>	<u>13</u>	<u>7.0%</u>	<u>49</u>	<u>8.0%</u>
TOTAL	<u>148</u>	<u>34.1%</u>	<u>72</u>	<u>38.9%</u>	<u>220</u>	<u>35.6%</u>
<u>No Assessment Possible Group</u>						
Unknown	9	2.1%	25	13.5%	34	5.5%
Active Cases	<u>41</u>	<u>9.4%</u>	<u>32</u>	<u>17.3%</u>	<u>73</u>	<u>11.8%</u>
TOTAL	<u>50</u>	<u>11.5%</u>	<u>57</u>	<u>30.8%</u>	<u>107</u>	<u>17.3%</u>

REPORT ON MEDICAL SERVICES

Reviewed by
David M. Bell, M.D.
Medical Director

Considered as an illness, alcoholism is of interest and importance to medical personnel. Our Medical Department plays an active part in the treatment of certain phases of alcoholism.

In acute cases of alcoholism, when patients are nervous, shaky, nauseated, weak, sweating, unable to sleep, and emotionally disturbed, they present a problem which requires medical evaluation and treatment. A nurse is on duty at the Foundation at all times during the day. A physician is on duty on a part-time basis and on call for consultation or emergency visits. The Medical Department is equipped with an examining room and a modified bed. Therefore it is possible for the staff of the Medical Department to initiate treatment and to observe responses.

Unless there are very strong medical and social reasons, it is our policy not to hospitalize patients. Chest pain, productive cough, vomiting, and abdominal pain are not uncommon in this period, but usually these symptoms do not indicate a serious medical complication. A discussion of the points of diagnosis and signs indicating serious complications does not belong in this report. Suffice it to say that when hospitalization has been necessary, the hospitals have been very co-operative and the care of the alcoholic in hospitals has not been a problem.

The advent of new drugs, such as chlorpromazine and the rauwolfia derivatives, has been of great value in helping to control patients during this acute phase. Mephenesin and related drugs also seem to be of value to some patients. By keeping complete notes on patient reaction to these various preparations, we are able to review our results and to form an impression, at least, of what preparations and methods of medication seem to be most beneficial. The results are not yet compiled and therefore will not be reported in this Second Annual Progress Report.

In the Edmonton Centre we have not been promoting the routine use of vitamins. We believe that good experimental or clinical evidence for their use in the average case is lacking. However, in Calgary, the staff has assumed an enthusiastic attitude toward the use of vitamins. As a matter of policy, there is no objection to this. As mentioned in the First Annual Progress Report, "the good results that have been reported by advocates of each method (of treatment) are directly related to the understanding, skill, and enthusiasm of the therapist (regardless of the specific type of therapy)".

We have been interested in trying some of the new non-barbituric acid sedatives. We recognize that there is as much, or more, a degree of danger in these preparations as in the barbiturates themselves. It must be realized

that alcohol is a sedative and that any drug which has a definite sedative effect may be particularly dangerous to the alcoholic. The use of these preparations for daytime relaxation of anxiety or tension states in the alcoholic is to be condemned.

Other medications, such as Frenquil, are used for hallucinating patients. Insulin and electro-shock therapy are undoubtedly of value for the hospitalized patient, but we have had only an introductory experience with these. With acutely ill patients, we have not found it necessary to use cortisone or any other steroid hormonal therapy. In a few selected cases we have used antabuse.

It must be remembered that the treatment of the acute complications of drinking is not identical with the treatment of alcoholism. Good physical health and proper functioning of body organs are essential to the well-being of the problem drinker and the doctor can help to make this possible. However, unless the patient follows a continuing program, he has made no steps toward controlling the progression of the illness. In only a few cases does the Medical Department participate in follow-up therapy which consists of lectures, group discussions, individual counselling, and an introduction into A.A.

Activities at Belmont

During the period of his employment by the Foundation, Dr. Dimock was on duty at Belmont on a part-time basis. He made a weekly visit to Belmont and did histories and medical examinations on all inmates. Sick parade was held on the day of his visit and he was on call for any sickness or injury that developed at other times. Figures on the number of histories are available, but records of inmates seen on sick parade were not kept. Between twenty and thirty men were seen for routine history or for sickness in the course of each week. During 1955, 246 inmates were released from Belmont.

Dr. Bell visited Belmont once every two weeks for the purpose of discussing the medical aspects of alcoholism with each new group of inmates.

Psychiatric Services

Our consulting psychiatrists, Dr. G. Donald Carson, Edmonton, and Dr. F. W. Hanley, Calgary, are providing the Foundation with in-service staff training and patient consultations.

In-service training consists of a weekly seminar during which present-day theories of personality dynamics are discussed. A knowledge of the dynamics of human behavior enables the counsellor to understand the causes and perpetuating factors in the patient's unresolved personality conflicts. Further, this understanding helps the counsellor to guide the patient to a more satisfactory solution to the underlying problems of his drinking pattern.

Not infrequently, individuals with problems which do not primarily arise from the excessive use of alcohol come to the Foundation for treatment. The early recognition and diagnosis of such problems is important in that it prevents unproductive use of staff time and resources. The psychiatrist is able to aid the treatment staff in the referral of such persons to other agencies where they can receive help appropriate to their difficulty.

Special Projects

During the past year, several talks were given by the staff doctors and nurses to hospital personnel and alumnae groups. The response to these talks was very gratifying. As a result of the interest stimulated by these lectures, several groups of student nurses visited the Centres to tour the buildings and to observe the actual treatment process. Twenty-two nurses participated in these orientation sessions in the Edmonton Centre and seventy-one in Calgary.

In April, Mrs. M. Sayers and Mrs. D. Knowler attended an Institute for nurses at the University of Minnesota. This experience proved to be of value to them in their work at the Foundation.

Activities of the Medical Advisory Committee

Many members of the medical profession in Alberta have shown a keen interest in alcoholism. By serving on various committees they have been most co-operative in promoting the Foundation's program. In May, 1955 the first meeting of the Calgary Medical Advisory Committee was held in Calgary to acquaint the new members with the work of the Foundation. Dr. J. Donovan Ross, Dr. David M. Bell, and Mr. J. George Strachan were present at the meeting.

Dr. D. R. Wilson was appointed to the Edmonton Medical Advisory Committee.

Medical Statistics

	Edmonton	Calgary	Total
A. <u>Patient Services</u>			
Total Number	300	259	599
No. of patient-interviews by nurse	792	455	1247
No. of patient-interviews by doctor	309	365	674
No. of complete physical examinations by doctor	144	197	341
No. of patients on whom laboratory examinations were done	152	197	349
No. of separate issues of medication	858	848	1706
B. <u>Hospital Services</u>			
No. of patients hospitalized for alcoholism	15	20	35
No. of patients hospitalized for other reasons	4	0	4
Average No. of patient-days	4.3	3	-
No. of consultations (other physicians)	15	6	21
C. <u>Psychiatric Services</u>			
Patient-interviews	35	8	43
Interviews with relatives	2	-	2
Staff consultations with psychiatrist re patients	57	14	71
Staff lectures by psychiatrist	28	-	28

REPORT ON MEDICAL RESEARCH ACTIVITIES

Reviewed by
David M. Bell, M.D.
Medical Director

As yet, no organized research program has been developed in the Medical Department. There are several reasons for this which we hope will be rectified to some extent in the next year. One experiment was conducted and several surveys are in progress.

Under the direction of the Foundation Subcommittee on Treatment, serum protein fractionation was studied by paper strip electrophoresis in fifty patients as a preliminary screen to determine if there were any unusual patterns which might warrant further investigation. Evaluation of the results obtained did not justify continuation of the study.

As mentioned in the Medical Report, the medical histories are being reviewed. Three types of information are being sought: value and need for hospitalization; points of significance in the history or physical examination; and response to the various therapeutic agents used.

The Medical Director is chairman of a committee to study and supervise the treatment of alcoholics at an Edmonton hospital. This arrangement permits the study of many cases not treated at the Foundation. The results of this committee's work do not rightfully belong in this report, but it is correct to say that the interest engendered in this work was stimulated by the Foundation.

REPORT ON RESEARCH ACTIVITIES

Reviewed by
W.E. Wilby, M.A.
Research Associate

Considerable effort has been directed toward internal assessment of the Foundation's program and preparation for a comprehensive enquiry into all facets of alcohol and alcoholism problems.

Intensive studies have been made in the following areas:

- (a) The Belmont Rehabilitation program: Valuable observations concerning the program were submitted to the Attorney General's Department.
- (b) Assessment of treatment statistics: This resulted in modification of recording and reporting techniques. The revision appears both theoretically and practically sound.
- (c) A broad investigation into the entire field of alcohol production, dispensing, and liquor violations is underway.

Various projects, encompassing medical, psychological, and sociological aspects of alcoholism are in the process of development. A more comprehensive and specific research program will be initiated as soon as the difficulties of staff and budget are resolved.

THE ALCOHOLISM FOUNDATION OF ALBERTA
Administration As Of July 31st, 1956

OFFICERS

J. Donovan Ross, M.D., M.L.A. - President & Chairman of the Board
Mrs. C.R. Wood Vice-President
Dr. Andrew Stewart..... Vice-President
Mr. C.W. Ross Honorary Secretary
Mr. M.M. Newell Honorary Treasurer
Mr. J. George Strachan..... Executive Director

BOARD OF DIRECTORS

Mr. D.E. Batchelor	- Calgary	Dr. J. Donovan Ross	- Edmonton
Mr. George Cristall	- Calgary	Dr. John W. Scott	- Edmonton
Mr. J.B. Cross	- Calgary	Mr. S. Bruce Smith	- Edmonton
Mr. R.J. Dinning	- Calgary	Dr. Andrew Stewart	- Edmonton
Mr. S.A. Keays	- Edmonton	Rev. G.B. Switzer	- Calgary
Rev. Joseph M. Malone	- Edmonton	Mr. Vernon Taylor	- Calgary
Mr. R.P. Malone	- Edmonton	Mrs. W. C. Taylor	- Wainwright
Mr. M.M. Newell	- Calgary	Mrs. C. R. Wood	- Stony Plain
Dr. R.M. Parsons	- Red Deer	Mr. D. K. Yorath	- Edmonton
Mr. C.W. Ross	- Edmonton		

Honorary Life Member - Hon. E.C. Manning

Business Committee

Mr. M.M. Newell (Chairman)	<u>Finance</u> - Mr. M.M. Newell (Calgary)
Mr. C.W. Ross	Mr. J.B. Cross (Calgary)
Dr. Andrew Stewart	Mr. S.A. Keays (Edmonton)
	Mr. Wilkie Wanless (Edmonton)

MEDICAL ADVISORY COMMITTEE

Dr. John W. Scott	- Edmonton	Dr. D. E. Smith	- Edmonton
(Chairman)		Dr. P.H. Sprague	- Edmonton
Dr. David M. Bell	- Edmonton	Dr. D.R. Wilson	- Edmonton
(Secretary)			
Dr. G.R. Boileau	- Edmonton	Dr. E.J. Moriarty	- Calgary
Dr. Andrew Cairns	- Edmonton	(Chairman - Calgary)	
Dr. Bruce Collier	- Edmonton	Dr. L.O. Bradley	- Calgary
Dr. G.R. Macdonald	- Edmonton	Dr. G.B. Elliott	- Calgary
Dr. A.D. MacPherson	- Edmonton	Dr. D.L. McNeil	- Calgary
Dr. R.F. Shaner	- Edmonton	Dr. Morley J. Tuttle	- Calgary

Subcommittee on Treatment

Dr. G.R. Macdonald	- Edmonton	Dr. G. Donald Carson	- Edmonton
(Chairman)		Dr. Homer C. Dimock	- Edmonton
Dr. David M. Bell	- Edmonton	Dr. P.H. Sprague	- Edmonton
(Secretary)		Mr. J.D. Taylor (pro tem)	
Dr. G.R. Boileau	- Edmonton	Dr. W. H. Mulloy	- Calgary

FOUNDATION PERSONNEL

As Of July 31st, 1956

ADMINISTRATION

- | | |
|-----------------------------|--------------------------|
| * Executive Director | - Mr. J. George Strachan |
| * Secretary-Treasurer | - Mr. J. G. Fullerton |
| * Secretary to the Director | - Miss Doreen Stith |
| Secretary-Stenographer | - Mrs. Ruth Scott |

EDUCATIONAL SERVICES

- | | |
|------------------------------------|-------------------------|
| * Director of Educational Services | - Miss Grace Brunton |
| Educational Services Trainee | - Mr. Gordon Stephenson |
| Secretary | - Mrs. Marian Ivan |
| Secretary-Stenographer | - Miss Isobel Chapman |

TREATMENT & REHABILITATION

- | | |
|--------------------------|-------------------------------|
| * Director of Treatment | - Mr. Allon W. Fraser |
| Counsellor (Edmonton) | - Mr. E.A. Bergeron |
| Counsellor (Edmonton) | - Mr. J.D.M. Bliss |
| Counsellor (Edmonton) | - Miss E. Cuthbertson |
| Counsellor (Edmonton) | - Mr. Allon W. Fraser |
| Counsellor (Calgary) | - Mr. John Hamilton |
| Counsellor (Edmonton) | - Mrs. H. Lewis |
| Counsellor (Edmonton) | - Miss C. McGuire (part time) |
| Receptionist (Edmonton) | - Miss Maxine Boback |
| Receptionist (Calgary) | - Mrs. Maud Bund |
| Records Clerk (Edmonton) | - Mrs. Ethel Bellwood |

MEDICAL

- | | |
|-----------------------------------|------------------------------------|
| * Medical Director | - Dr. David M. Bell |
| Physician (Edmonton) | - Dr. David M. Bell (part time) |
| Physician (Calgary) | - Dr. W.H. Mulloy (part time) |
| Registered Nurse (Edmonton) | - Miss Mary Hoggarth |
| Registered Nurse (Calgary) | - Mrs. E. Soper |
| Psychiatric Consultant (Edmonton) | - Dr. G. Donald Carson (part time) |
| Psychiatric Consultant (Calgary) | - Dr. F.W. Hanley (part time) |

RESEARCH

- | | |
|----------------------|------------------|
| * Research Associate | - Mr. W.E. Wilby |
|----------------------|------------------|

AUDITORS - McCannel, Gee and Quinn, Chartered Accountants

- * Located in Edmonton Administrative Office and serve in provincial capacity.

THE ALCOHOLISM FOUNDATION OF ALBERTA

Education and Information Service

The Edmonton Centre provides the following services:

FILMS on alcohol and alcoholism.

RADIO PROGRAMS dealing with the problems of alcohol and alcoholism.

A REFERENCE LIBRARY of technical literature for special studies and research.

CONFERENCES AND ORIENTATION COURSES ON ALCOHOL STUDIES to create a greater understanding of the problems of alcoholism and methods of dealing with those problems.

BURSARIES to assist selected applicants to attend conferences on alcohol studies and the Yale Summer School of Alcohol Studies.

Both Edmonton and Calgary Centres provide the following services:

PAMPHLETS providing information on alcoholism and problem drinking.

A SPEAKERS' BUREAU furnishes speakers to professional, church, and civic groups.

For further information regarding any of these services:

VISIT OR WRITE

THE ALCOHOLISM FOUNDATION OF ALBERTA

9910 - 103rd Street
Edmonton, Alberta

or 737 - 13th Avenue West
Calgary, Alberta

SERIAL M1 40815808 HSS



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AUG 17 RETURN

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RUTH MR 3 0'70

MAR 3 1964 RETURN

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NOV 30 RETURN

Due Ruth APR 05 '87

MAR 28 RETURN

Alberta.

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